P14000022523

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	: #)
PICK-UP	·	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
(w)4-)	1245	

Office Use Only



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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	De Great A	merican I	Dog Inc
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	i a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Tony V. Spoto	(Printed or typed)	
	1/121 104 12 K		
	LARGO, 71.	33778 State & Zip	
	727 - 3 5760 - 3 Daytime Te	5500 elephone number	
	tony soo to @ taw Email address: (to be used	npahay rr. c	notification)

NOTE: Please provide the original and one copy of the articles.



February 20, 2014

TONY V. SPOTO 11121 104TH AVE LARGO, FL 33778

SUBJECT: THE GREAT AMERICAN DOG INC

Ref. Number: W14000011245

We have received your document for THE GREAT AMERICAN DOG INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 414A00003870

. ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	ion shall be: The	Great	American	. Dog	Inc	
	VCIPAL OFFICE Principal street address		Mailir	g address, if dif	Terent is:	
11/21 1049	E Ave					
Largo 71	33778					
ARTICLE III PURI	OSE		D. P./	···_		
The purpose for which the	ne corporation is organize	ed is:	Pro+,T	·· <u>·</u> ·······		
					22	V.V.S.
				<u> </u>	- X	문문 유로
						7.7.7.7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
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	IAL OFFICERS AND		_			
	11/21 104 +					
	Largo, 71.	35728				
Name and Title:	Renata S.	Cruze	Name and Title:			
Address	8018 Buysho	re De	Address:			
	Seminole	,71. 337	26			
	Director	1 Operati	ans			
Name and Title:			Name and Title:			
Address	·—		Address:		- 	
		······································				

			SECREPARY OF STAIL JIVISION OF COMPREATY
Name and Title:		Name and Title:_	2874 MAR PM 3: 36
Address		_ Address:	3: 36
•		<u> </u>	
		- -	
ARTICLE VI REGI	STERED AGENT		
	reet address (P.O. Box NOT acceptable) o	f the registered agen	nt is:
Name: Jos	14 V Spoto	-	
Address: _//	121 104 Bu T.		
LI	Argo 71. 33728		
	0	-	
ARTICLE VII INCO	RPORATOR		
The name and address of	the Incorporator is:		
		-	
		-	
		- 7	
	/	- - -	
Name: 10 Address: 10 Having been named as re		for the above state	
Name: 10 Address: 10 Having been named as re	SPS to 1/2/ V. Spo to LANGU, 71. 33778 registered agent to accept service of process flar with and accept the appointment as reg	for the above state ristered agent and a	agree to act in this capacity
Name: 10 Address: 10 Having been named as re	Suy V SP2 to 1/21 V. Spe to Lung U, 71. 33778 registered agent to accept service of process	for the above state ristered agent and a	
Name: 10 Address: 10 Having been named as rethis certificate, I am family I submit this document a	SPS to 1/2/ V. Spo to LANGU, 71. 33778 registered agent to accept service of process flar with and accept the appointment as reg	for the above state ristered agent and a true. I am aware ti	gree to act in this capacity 2 - 6 - / 6 Date hat the false information submitted in a
Name: 10 Address: 10 Having been named as rethis certificate, I am family I submit this document a	SPO TO VIZI V. SPO TO VIZI V	for the above state ristered agent and a true. I am aware the y as provided for in	gree to act in this capacity 2 - 6 - / 6 Date hat the false information submitted in a